

Name  
in  
Full

Lettie Barber

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Herring</i> Town		<i>St. Mary's</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>5</i>	Day <i>10</i>	Age <i>80</i>	Months <i>no</i>	Days <i>no</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>ind</i>			
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Joseph Barber</i>				
Father's Name <i>Lewis Hubert</i>	Father's Birthplace <i>ind</i>				
Mother's Maiden Name <i>Susan Hubert</i>	Mother's Birthplace <i>ind</i>				
Name of person giving information <i>Joseph Barber</i>	How related to deceased <i>son</i>				

## CAUSES OF DEATH

120 ✓

PHYSICIAN  
OR CORONER

Primary <i>Chronic Intestinal neoplasia</i>	How long <i>2 yrs.</i>
Immediate <i>Acute Bronchitis</i>	How long <i>7 days</i>

Are the name, age, sex, color, date and place correctly given above? *yes.*

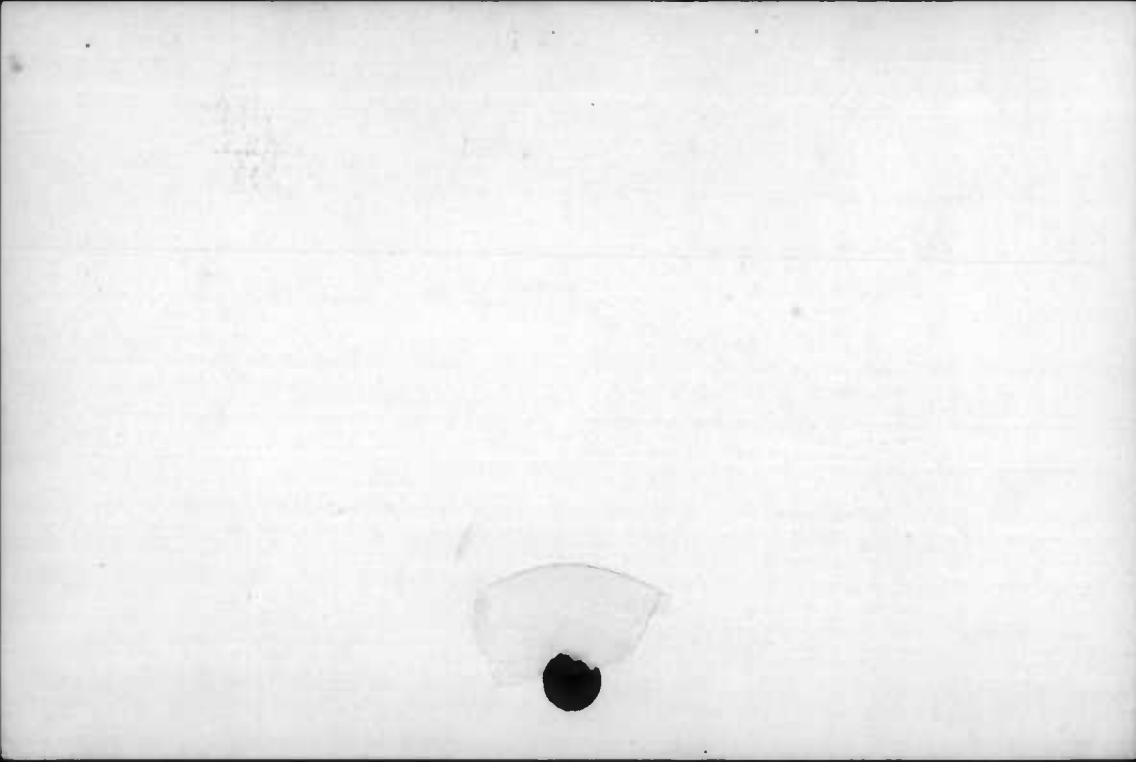
Signature of Physician

*Rev. V. Palmer*

Address

*Palmer ind*

Accident or Suicide?



Name  
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Full

Maud M Bevan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

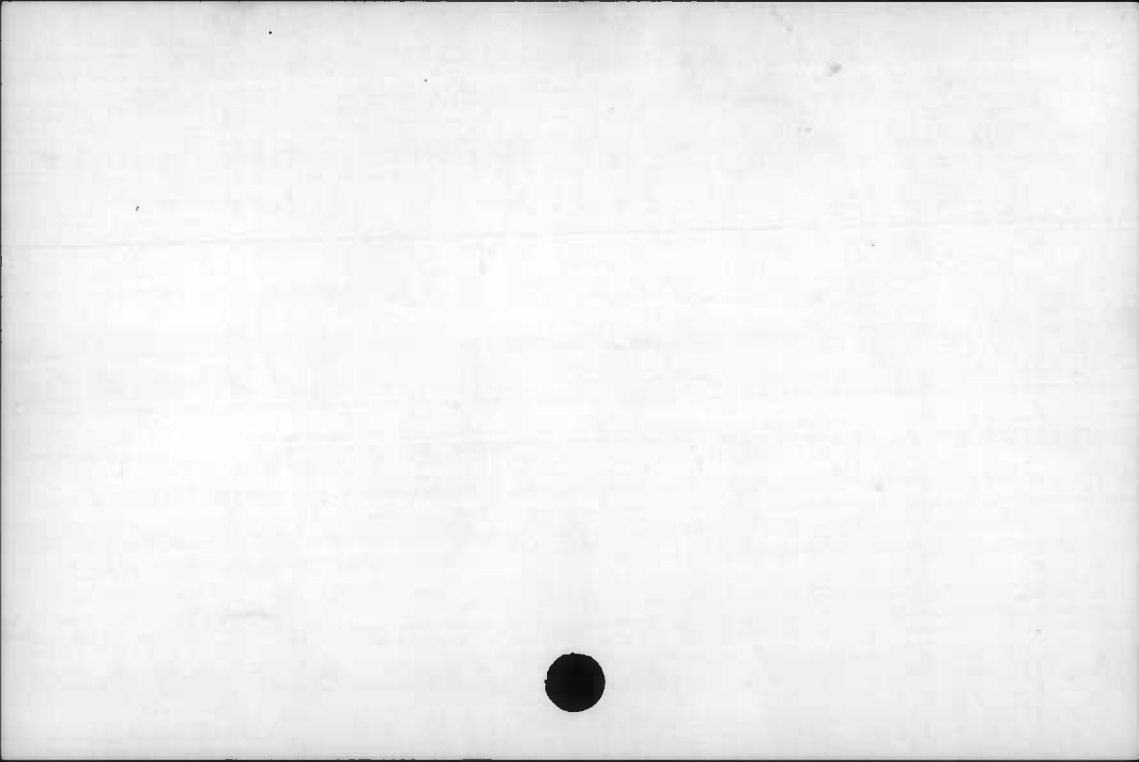
Died at <i>San California Springs</i>		County <i>St Marys</i>		MAYLAND	
Date of death <i>1909</i>	Month <i>5</i>	Day <i>17</i>	Years <i>26</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>St Marys Co</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Bevan</i>				
Father's Name <i>Heggs</i>		Father's Birthplace <i>St Marys Co</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>St Marys Co</i>			
Name of person giving information <i>Joseph Bevan</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

27 ✓

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>18 Month</i>
Immediate <i>Starvation &amp; Exhaustion</i>	How long <i>2 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. L. Smith</i>
	Address <i>Leonardtown</i>
Accident or Suicide?	



Name  
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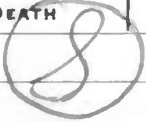
CERTIFICATE OF DEATH

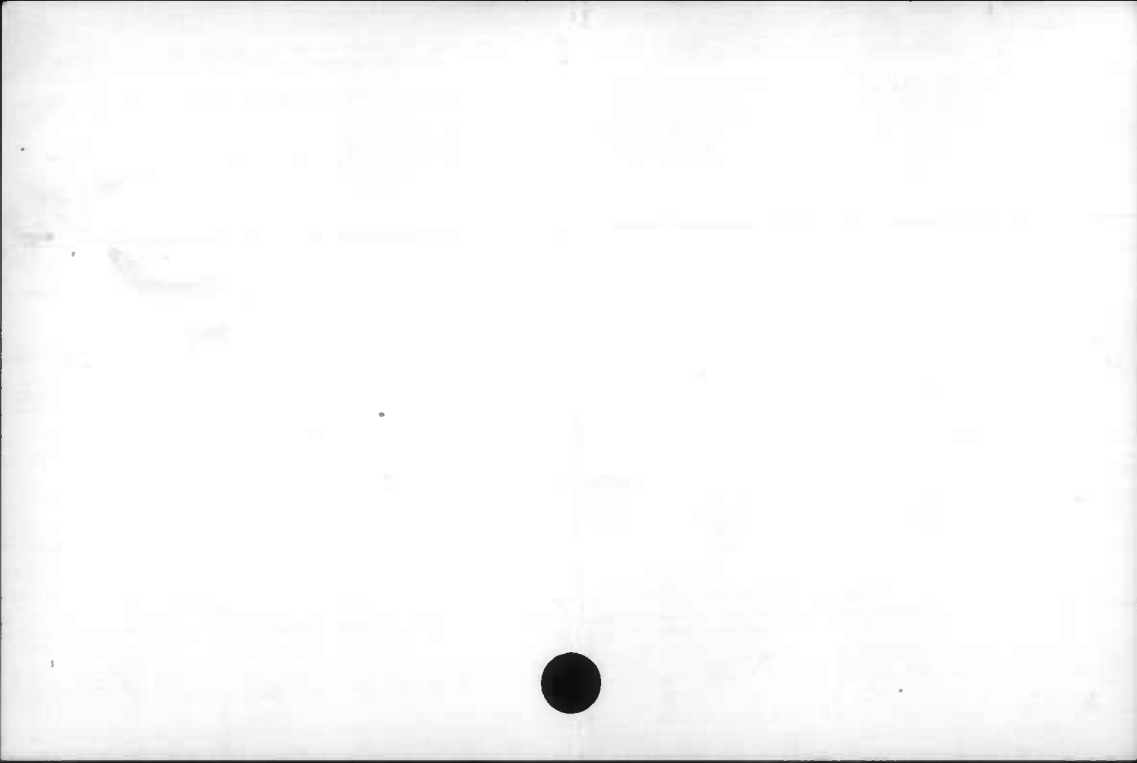
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Humanville</u> Town		<u>Biscoe</u> County		MARYLAND	
Date of death 190 <u>5</u> Month <u>May</u> Day <u>4</u>	Age <u>Child Born</u> Years		Months	Days	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Humanville</u>			
Occupation <u>Nurse</u>	Where Residing if not at place of death <u>Humanville</u>				
Maided, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Allen Biscoe</u>				
Father's Name <u>Allen Biscoe</u>	Father's Birthplace <u>St Marys Co.</u>				
Mother's Maiden Name <u>Selena Barnes</u>	Mother's Birthplace <u>St Marys Co.</u>				
Name of person giving Information <u>Grandmother</u>	How related to deceased <u>Grandmother</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still Born</u>		How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician	Address <u>Harvey Richardson M.D.</u> <u>Great Mills, Md.</u>
Accident or Suicide		



Name  
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Lillian M. Jorns -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oothille</u> <sup>Town</sup>		<u>St Marys</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u> <sup>Month</sup> <u>May</u> <sup>Day</sup> <u>15</u>	Age	<u>45</u> <sup>Years</sup>	Months	Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Va</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death		
Married, <del>Single</del> <del>or Widowed</del>	Name of Wife or Husband <u>William P. Forest</u>				
Father's Name	<u>John Morgan</u>			Father's Birthplace	<u>Va</u>
Mother's Maiden Name	<u>Book Snow</u>			Mother's Birthplace	<u>Book Snow</u>
Name of person giving information	<u>Henrietta Fleming</u>			How related to deceased	<u>By marriage</u>

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONERPrimary Murdered

How long

Immediate

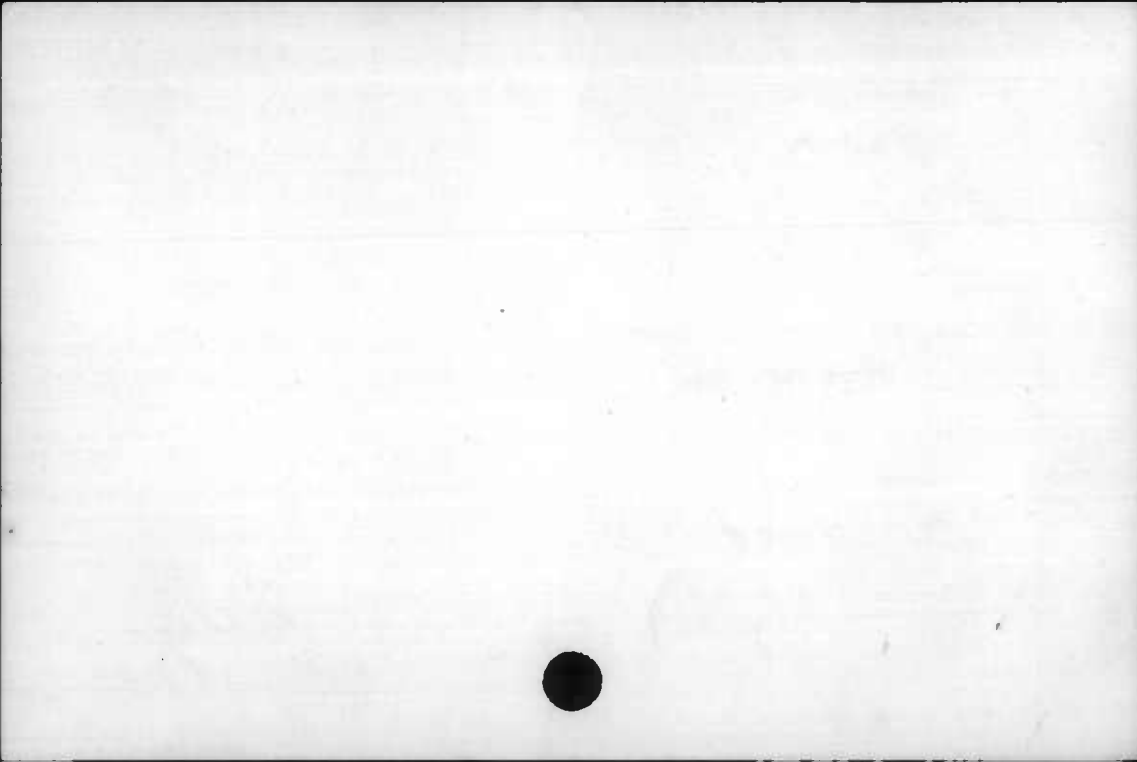
How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide?





Name  
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Full

William P. Forrest

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Corkilee</u> <small>Town</small>		<u>St Mary's</u> <small>County</small>		MARYLAND	
Date of death <u>1909 May</u>	Month	Day <u>10</u>	Years <u>60</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Former</u>	Where Residing if not at place of death				
Married, Single or <del>Widowed</del>	Name of Wife or Husband <u>Lillian M. Forrest</u>				
Father's Name <u>Joe Forrest</u>	Father's Birthplace <u>Ind</u>		Mother's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Henrietta Plauder</u>	Name of person giving information <u>Henrietta King</u>		How related to deceased <u>Sister</u>		

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONERPrimary Murdered

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide?

71



Name  
in  
Full

Larney Gibson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

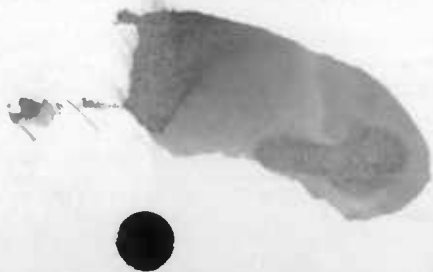
Died at <i>St. George's Island</i> <sup>Town</sup> <i>St. Mary's</i> <sup>County</sup>		MARYLAND			
Date of death <i>1909</i>	Month <i>May</i>	Day <i>17</i>	Age <i>65</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Unknown</i>		
Occupation <i>Waterman</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Ball</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Oline Stephens</i>	How related to deceased <i>Cousin</i>				

## CAUSES OF DEATH

93 ✓

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Gradual heart failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. H. Groves Lynch, M.D.</i>
	Address <i>Walling Lee, Md.</i>
Accident or Suicide?	



Name  
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Bunkin Milburn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

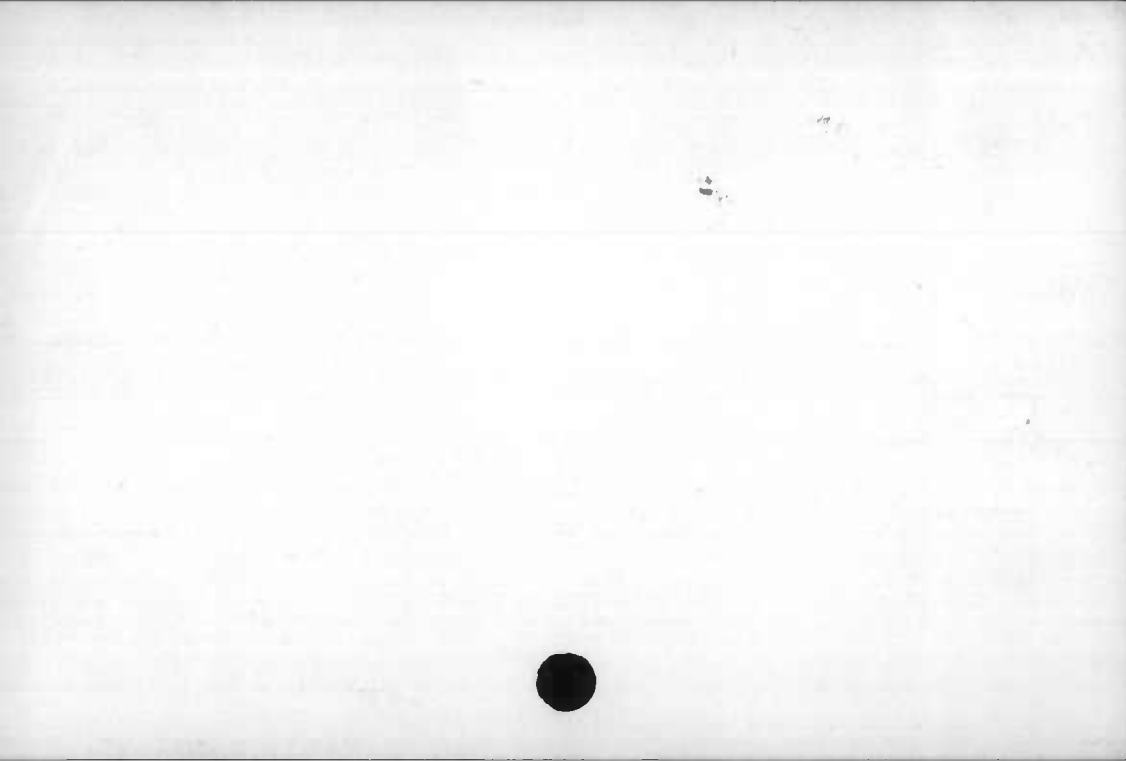
Died at <u>Brown</u> Town		<u>St Marys</u> County		MARYLAND	
Date of death	1909	Month	5	Day	13
Age		50		Years	
Sex	Female	Color or Race	Black	Birthplace	St Marys
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	James Milburn		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	" "	
Name of person giving information	James Milburn		How related to deceased	Husband	

## CAUSES OF DEATH

27 ✓

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>10 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>few days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Thos Lynch</u>
yes		Address	
Accident or Suicide?			



Name  
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Harry Jerome Drasole

## CERTIFICATE OF DEATH

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NEAREST FRIEND

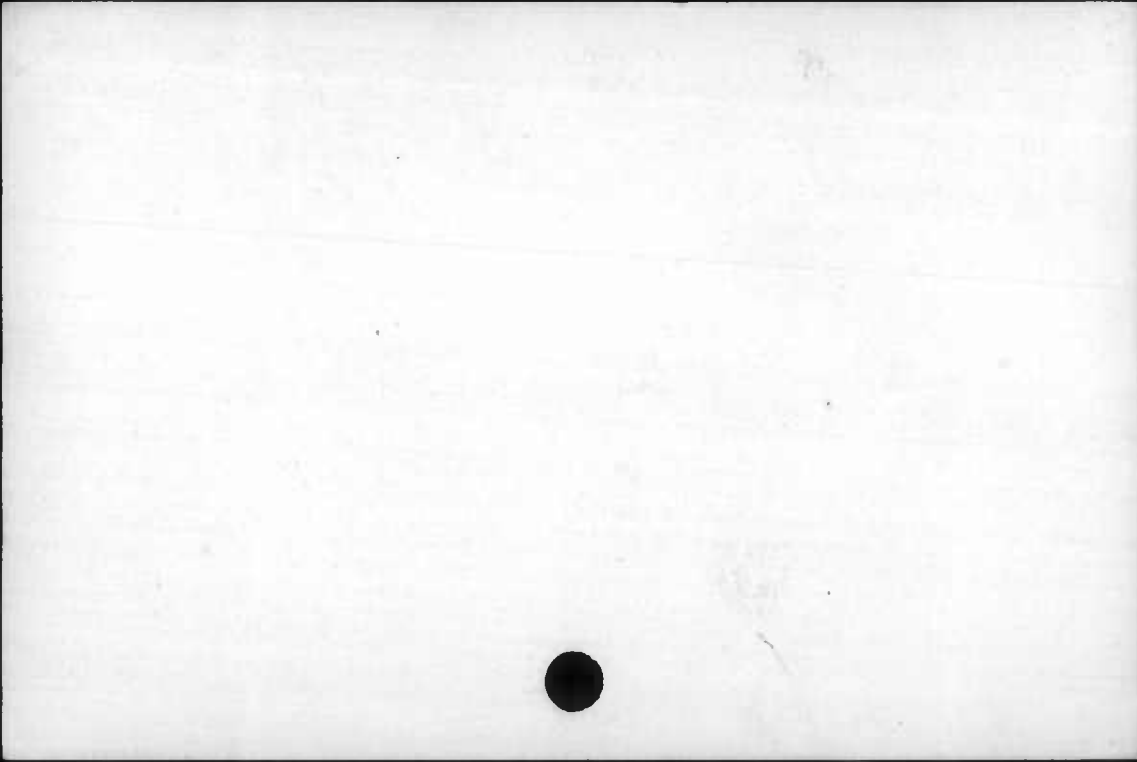
Died at		Town <i>Palmer</i>		County <i>H. May's</i>		MARYLAND	
Date of death	1909	Month	5	Day	21	Age	—
Sex		male		Color or Race		white	
Occupation		none		Birth-place		md	
Where Residing if not at place of death		—					
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Bruce Drasole				Father's Birthplace	
Mother's Maiden Name		Florence Christine				Mother's Birthplace	
Name of person giving information		Bruce Drasole				How related to deceased	
						mother	

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral meningitis</i>	How long	<i>4 days</i>
Immediate	<i>Convulsions</i>	How long	<i>4</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>R. H. V. Palmer</i>	
Address		<i>Palmer</i>	
Accident or Suicide?		md	





Name  
in  
Full

Amelia Mead Young -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *near Columbia* <sup>County</sup> *St. Mary's*Date of death *1909* <sup>Month</sup> *May* <sup>Day</sup> *30* <sup>Years</sup> *Age 38* <sup>Months</sup> <sup>Days</sup>Sex *Female* Color or Race *Colored* Birth-place *Va.*Occupation *Housewife* Where Residing if not at place of death -Married, Single or Widowed *Married* Name of Wife or Husband*Joseph R. Young*Father's Name *I Don't Know*Father's Birthplace *Va.*Mother's Maiden Name *I Don't Know*

Mother's Birthplace

Name of person giving information *Joseph R. Young*How related to deceased *Husband*

## CAUSES OF DEATH

79 ✓

PHYSICIAN  
OR CORONERPrimary *Organic disease of heart*How long *2 years*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*R. B. Johnson -  
Wingate -*

Accident or Suicide?

